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7 50	,												
	Effective October 1, 2000  Og/689500												
OTHER THAN OR SMALL ENTITY													
RATE	FEE												
BASIC FEE	710.00												
X\$18=	252.												
X80=	160.												
070													
`	1122.												
OTHER													
SMALL	ENTITY												
RATE	ADDI- TIONAL FEE												
X\$18=													
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TOTAL													
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RATE	ADDI- TIONAL FEE												
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	RATE  RATE  RASIC FEE  RATE  RATE												

						Application or Docket Number				
PATENT APPLICATION FEE DETERMINEN RECO						RD			<i>-</i>	•
		Effe	ctive October		09/1	891	500			
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMA	ALL ENTIT	Y OR	OTHER SMALL			
FC	)R	NUI	MBER FILED	NUMBER	EXTRA	RA	TE FEI		RATE	FEE
BA	SIC FEE						39	 とち_いR	:770	
	TAL CLAIMS	<b>5</b> 200	minus 2	20= *		X\$		OR	X\$18=	
├	EPENDENT CL	AIMS	minus	3 = *		хη			XQ/ =	
MULTIPLE DEPENDENT CLAIM PRESENT						المراجع المراجع	3	OR	×86=	
							5	OR	290=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						AL		TOTAL	770-
	C	LAIMS A	S AMENDED	- PART II					OTHER	•
(	В	(Column		(Column 2)	(Column 3)	SMA	LL ENTIT		SMALL	
¥ E		CLAIMS REMAININ AFTER	G	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADD TION FEE	AL	RATE	ADDI- TIONAL FEE
AMENDMENT'A	Total	* 3		** 34	=	X\$ 9		OR	X\$18=	
MEN	Independent ,		3 Minus	*** . 3	=	хүг	<u> </u>	OR	x96=	
4	FIRST PRESE	O NOITATIA	F MULTIPLE DEF	PENDENT CLAIM						
						+149		OR	:290	
						ADDIT.	FEE	OR	TOTAL ADDIT. FEE	<u></u>
		(Column	1)	(Column 2)	(Column 3)				9 <b>%</b>	
IDMENT B		CLAIMS REMAININ AFTER AMENDME	lG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TION FEE	AL	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9	)=   .	OR	X\$18=	
AMEND	Independent	*	Minus	***	=	x4.	3	OR	x.86	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<u> </u>					
						145		OR	2907 TOTAL	
						ADDIT. I	TAL FEE	OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										
AMENDMENT C.		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TION	VL	RATE	ADDI- TIONAL FEE
	Total		Minus	trit	E	X\$ 9	=	OR	X\$18=	
	Independent	*	Minus	***	E	хЧ	2	OR	86	
<u> </u>	FIRST PRESE	O NOITATION	F MULTIPLE DEF	PENDENT CLAIM		+14		_	` `	
9 M the angle is actioned to leave the other angle in actions 2							!	OR	+290 TOTAL	Ĭ
-	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									
****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										